24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
		0 655 1555 15
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee UPTE UCLA		Date of Public Distribution/Dissemination
UPTE OCLA		05 17 2016
Mailing Address 1015 Gayley Ave		Amount
Suite 301		Amount
	Zip Code	150.00
Los Angeles CA	91506	Transaction ID : D734944 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	1831.39 Dis	sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
National Nurses United		M - M / D - D / Y - Y - Y
Mailing Address 155 Grand Avenue		05 16 2016
100 5.3		Amount
City State	Zip Code	200.00
Oakland CA	94612	Transaction ID : D735199 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	fice Sought: House District: 00
Bernie Sanders	Oppose	✓ President Senate State: CA
Calendar Year-To-Date		sbursement For: X Primary General
Per Election for Office Sought	1831.39 201	16 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures	,	350.00
		7
(c) TOTAL Independent Expenditures	······	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	ically Filed] Date	05 17 2016
Signature	_	